CITY OF DURHAM, NORTH CAROLINA BROKER/DEALER QUESTIONNAIRE

Name of Firm:			
Address:			
Phone No		Fax No)
Primary Represent		5.	Manager:
Name:			Name:
Phone No.			Title: Phone No.
-	personnel who will be of	fering/bid	ding and/or quoting securities to City
employees.			
Name	Title		Phone No.
•	nary dealer in U.S. Governm	nent Secu	rities?
() Yes () I	No		
a. If yes, for ho	w long has the firm been a	primary d	lealer?years
	your firm qualify under Sectorated rule)?	curities an	d Exchange Commission Rule 15C3-1
	are offered regularly by you	ır firm?	
() Treasury Bills	/D 1		() N.C. Governments
() Treasury Notes			() Commercial Paper() BA's (domestic)
Government Agen () FFCB	cies		() DA'S (dolliestic)
() FNMA			() BA's (foreign)
` '			() BA's (foreign) () Mortgage Back Securities(Specify)
() FHLB			() BA's (foreign) (_) Mortgage Back Securities(Specify) ()
() FHLB () FFCB			- · · · · · · · · · - · · · · · · ·

	Please list your firms public sector clients most comparable to the City. Entity Contact Person Phone No.
•	Has a public sector client ever claimed in writing or orally that your firm or any of you employees assigned to do business with our organization has been responsible for investmen losses? If so, please explain on an attached sheet.
•	Has your firm, or any of your employees doing business with the City, ever been subject to regulatory, state or federal agency investigation for alleged improper, fraudulent, disreputable or unfair activities related to the sale or purchase of government securities or money market instruments? If so, please explain on an attached sheet.
	How many and what percentage of your transactions failed last month? Last year?
	Has your firm consistently complied with the Federal Reserve Bank's/Securities Exchange Commission's capital adequacy guideline? As of this date does your firm comply with the policy?
	Please provide certified financial statements and other indicators regarding your firm's capitalization as an attachment.
	Please provide samples of research reports which your firm regularly provides to public secto clients as an attachment.
d i	condition of being an authorized Broker/Dealer for the City, you and your firm have received read the City's Investment Policy. All sales personnel will be routinely informed of the City's struent objectives, horizon, outlook, strategies and risk constraint. By signing this questionnaire acknowledge the above conditions have been met.
	Primary Representative:
	Firm's Authorized Signer:
	Date: